<u>DECLARATION FOR DESIGN OR UTILITY PATENT APPLICATION</u> (37 CFR 1.63)

X Declaration SubmitteDeclaration submitte	ed with initial filing d after initial filing (surchar	ge (37CFR 1.16(e	e)) required)			
Attorney Docket Number First Named Inventor Application Number Filing Date Group Art Unit Examiner Name	FERN BEAUCHAMP					
As a below named inventor	, I hereby declare that:					
My residence ,post office ac	ldress and citizenship are as	stated below nex	t to my name.			
I believe I am the original, fir names are listed below) of COMBINATION SCREW the specification of which as Application Serial No	TORIVER & BIT HOLDE X is attached hereto □ was and was am iewed and understand the control of the referred to above. It is attached hereto □ was and was am iewed and understand the control of the referred to above. It is close information which is ions, material information was an iewed and understand the control of	claimed and for CR filed on	which a pater ve identified s entability as d able between rt application.	pecifications, efined in 37 the filing date	on the invention, including the CFR 1.56, incee of the prior a	claims, as
than the USA listed below ar	id have also identified below	International app any foreign appli	lication which	designated a	t laggt ama agu	
131 application having a fin	ng date before that of the ap	oplication on which	ch priority is c	laimed:	n s continuate,	or or any
Prior Foreign Application(<u>s)</u>		<u>Priorit</u>	v Claimed C	Certified Copy	Attached
(number)	(Country)	(Date filed)	Yes	No No	∏ Yes	□ No
☐ Additional foreign applica	tion numbers are listed on a	supplemental pri	ority data she	et PTO/SB/02	2B attached he	reto.
I hereby claim the benefit und						
Application Number(s)	Filing Date (MM	I/DD/YY)		numbers are	provisional apple listed on supple sheet PTO/S	plemental

Please type a plus sign (+) inside this box ______

DECLARATION - UTILITY OR DESIGN PATENT APPLICATION

Direct all corr	respondence to:	Customer Number or Bar Code Label	or	correspond address be	lence low		
Name: Address:	Mark A. Koch 866 Main Street I	East					
City:	Hamilton	Stat	e: Ontario	ZIP:	L8M 1L9		
Country:	Canada	Telephone:	(905) 549-588	30 Fax:	(905) 545-2800		
belief are believed so made are punish	to be true; and further the	at these statements were	made with knowle ction 1001 of Title	edge that wilful 18 of the Unite	is made on information and false statements and the like of States Code and that such.		
Full Name of sole FERN BEAUC		Inventor's Signature	W	Date DEC	C- 20- 00/		
Residence: St. Catharines, ON, Canada					Citizenship: Canadian		
Post Office Ad	dress: 13 Clayburn A	venue, St. Catharine	s, Ontario L2P 29	S3			
Full Name of seco	nd Inventor	Inventor's Signatu	ıre	Date			
Residence:		<u> </u>		Citizen	ship:		
Post Office Ad	dress:						
Additional inv	ventors are being named	on the suppler (Page 2 of 2)	nental additional in	eventor(s) shee	ts(s) PTO/SB/02A attached		

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